PARENT SUPPORT SYSTEM AND DEMOGRAPHIC VARIABLES AS PREDICTORS OF THE QUALITY OF FAMILY LIFE WITH REFERENCE TO CHILDREN WITH AND WITHOUT DISABILITIES

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1.0.0 INTRODUCTION

The term "disability", as it is applied to humans, refers to any condition that impedes the completion of daily tasks using traditional methods. In most areas of the world, but especially in developed countries, the number of people with disabilities is growing and becoming a more significant percentage of the population because medicine is allowing more people to live who might have otherwise died in less advanced times. According to the World Health Organisation, (1976) a disability is "any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being". "Disability" as defined in the Americans with Disabilities Act (ADA) "The term 'disability' means, with respect to an individual (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment." If the types of disability are looked upon then it can be broken down into a number of broad sub-categories, which can include the following:

i. *Physical impairments affecting movement, such as muscular dystrophy, post-polio syndrome, spinal bifida and cerebral palsy.*
ii. *Lack of or amputation of limbs or other body parts*
iii. *Sensory impairments, such as visual or hearing impairments.*
iv. *Neurological impairments, such as epilepsy or dysautonomia.*
v. *Cognitive impairments such as Autism or Down syndrome.*

Over the past 100 years or more the concern to a lesser or greater degree, is with issues facing families where there is a person with an intellectual or developmental disability. It has been estimated that about 10% of children experience developmental disabilities requiring access to the health care system and extensive care giving, often throughout childhood and into the adult years. It can be argued that currently services and support are provided primarily for the child who is disabled and very less concern has been given to the impact on other family members. The presence of a child with developmental disability in the family calls for a lot of adjustment on the parents and other family members. Although the unmet needs of parents of children with disabilities are universally linked to stress, there could be some cultural differences in the way this stress impacts parents and their quality of life. Families have a powerful impact on their children's development. As the definition of a family continues to expand to include others besides biological parents, researchers and practitioners must broaden their views of what constitutes a family as well. This broaden view must include parents as primary caregivers of children with, and without, disabilities. The research

community is now becoming more directed towards family issues and in a much broader way than previously considered. One recent development has been the introduction of a framework for studying quality of life from a family perspective. Researchers have identified barriers that families of individuals with disabilities encounter as they pursue a life of quality including elevated parental stress (Hauser-Cram, et al., 2001) low socio-economic status (SES) (Park, et al., 2002) and inadequate social service support (Soresi, et al., 2007).

The parents of special needs definitely face more difficulties than parents of normal children, which in turn affect their emotional well being. There is perhaps no event more devastating to a family a child born with a birth defect. There is no more severe test of a family's resiliency than the discovery that a child is with an incurable disease. Understanding the emotional reactions and attitude of parents as well as family members of retarded children are of great importance in the management. Children with physical disabilities generally require more care, attention and direct supervision than children without disabilities do. Research demonstrates that these higher care giving demands are associated with poorer psychological and physical health states for parents and other family members (Finston, 1990).

1.1.0 PARENT SUPPORT SYSTEM

Parent support system has been defined by different researchers in different ways. Often it refers to assistance given to children to ease mental stress and unhappiness. This is one of the fundamental ways in which parents provide support to children. However, the manner in which they do this varies depending on the child's physical and psychological capacities and on the parent's care giving abilities. Parent support is a way of maintaining physical and psychological closeness between parent and child, but it may also involve a degree of parental control when children need help regulating their behaviour or developing social and intellectual competence. For example, in situations in which adolescent children maybe prone to engage in conflict, parents are likely to deescalate the conflict by creating a family atmosphere of warm approval, praise, and acceptance, and by offering reasons for a requested change in behaviour. It can be said that parents are ultimately responsible for helping children become independent and for creating a family environment that helps them develop the ability to be flexible in different surroundings. For these reasons, among others, parents support is vital not only to individual children but also to society at large. When parents use positive means to motivate and guide, children become better family members, better social partners, and better citizens.

Parent support are akin to parents accommodations that individuals with disabilities need to successfully parent their children, including strategies and techniques designed to support the parent or guardian with a disability in taking care of his/her children. The notion of parents support as suitable for parenting represents a change in paradigm in the field of child welfare, which typically has viewed *independent* parenting as crucial. Parents have often been assessed based on whether they can independently be responsible for all aspects of caring for their child or children, even though most parents rely on various formal and informal supports for care giving. The rapid change which has taken place down the years in every corner of society is bound to impact the miniature society- 'family'. Inspite of all these family still continues to be the nucleus of support for the child and its wellbeing. Having a child with disability can be a major and usually unexpected blow to any family (Lin, 1996). In Indian society where parents have so much of expectation from their offspring suffer terrific social pressures and are vulnerable to criticism it becomes the hardest reality to comprehend their child's disability. Chandramuki, et al., (2012) explored parental attitudes towards children with specific learning disabilities. The study highlights the need to educate parents to lower their expectations for children with specific learning disabilities, and to strengthen the social support network of these children's families. Gupta & Singhal, (2004) in a study enumerable need a number of stressors in the lives of parents of children with disabilities. Studies have been done to understand the types, causes and the effects of these stresses. It highlights the process of developing positive perceptions in these parents. The focus is on the process of coping that generates positive perceptions and the ways that these positive perceptions are used as an effective coping strategy. Narumanchi & Bhargava, (2011) the purpose of the study was to explore the perceptions of parents of typical children towards inclusive education and children with special needs. Results showed positive reactions towards children with special needs. Parent supported inclusion, but suggested separate classes for academics. Experts' descriptions of children with special needs were more technical than those of the parents.

The socio-cultural stereotype of the ideal child and the parent's expectation regarding their offspring not only create undue pressure on the child with disability but also on their parents themselves. It remains a fact that parent knows their child better than all the professionals and that there is no common path to success in rearing a child with disability (Sanchez, et al., 2008). It is a fact that in considering the issues of disability we focus so much on the challenged and their immediate needs that we often overlook the most important sub system - 'family'.

The family is the psycho-social environment in which children grow thus it is a critical element in their development. Abundant research has been done on the family environment which includes factors such as parenting style, parental mental health, marital conflict and family stress having an impact on the current and future mental and emotional health and functioning of their ward (Hilton, et al., 1993). There is evidence that supports the presence of a significant, enduring and protective effect of positive parenting on adolescent development (Epstein, 1992; Hornby, 1995). It's a fact that the general intervention strategies have been only focusing on the people with disabilities but it's very rare that the family and the role of the parents who rear up and take care a child with disabilities have been taken into consideration for rehabilitation.

Parent supports for parenting activities for persons with intellectual and developmental disabilities can be defined similarly to the general notion of supports developed by American Association on Intellectual and Developmental Disabilities (AAIDD). As supports in general for this population are thought to be technologies or personal supports that enhance individual functioning (Schalock et al., 2010), parent supports are simply technologies or personal supports that enhance *family* functioning in families headed by a parent or guardian with a disability. Similar to the general notion that supports help individuals with disabilities fill the gaps between their own competencies and environmental demands (Schalock et al., 2010) parent supports are designed to help individuals with disabilities fill their gaps in parenting competencies and environmental demands related to parenting.

1.2.0 DEMOGRAPHIC VARIABLES

The field of science interested in collecting and analyzing these numbers is termed population demographics, also known as demography. Broadly defined, demography is the study of the characteristics of populations. It provides a mathematical description of how those characteristics change over time. Demographics can include any statistical factors that influence population growth or decline, but several parameters are particularly important: population size, density, age structure, fecundity (birth rates), mortality (death rates), and sex ratio .There are number of factors related to parents that affect children with disability. Carneiro et al., (2007) refers in his study that there is a strong relationship between children's social and cognitive abilities and their parents' SES. By age seven, children from both professional and non-manual family backgrounds exhibit significantly greater cognitive and non-cognitive skills than children from manual backgrounds. Blanden et al., (2006) also show that cognitive skills have a stronger association with parental income than non- cognitive

skills. Feinstein, (1999) finds that the relationship between father's SES and child's cognitive ability does not appear until the age of 42 months, but is very significant for older children. Further, Feinstein, (2003) reported that children from high SES groups who scored poorly in early tests tended to catch up, while children with worse-off parents who initially scored poorly were very unlikely to catch up. Even controlling for other factors, children in the lowest SES groups fall behind children in other SES groups in terms of the development of educational ability. All these findings suggest that SES has a very strong influence both on individuals' early development and on outcomes later in life. Ruth et al., (2011) examined the associations between parental educational/occupational levels and cognitive performance in Spanish adolescents. The findings suggest an association between parental educational/occupational levels and cognitive performance in Spanish adolescents and support the parents' role in the creation of a stimulating intellectual environment.

Parent education is a strong predictor of socioeconomic status and children's educational environment. Nevertheless, some children continue to experience reading failure inspite of high parental education and support for learning to read. Education of the parents also affects children in many ways**.** Mohsin, et al., (2011) identified the parents' multiple roles in the education of children with intellectual disabilities. The study was conducted with the purpose to identifying the role of parents in development of assessment tool, need assessment of functional skills, programming, implementation, and evaluation of training program by involving parents in all stages. Two children one male and one female and their parents who showed their written commitment to participate in the program were involved in the program. Need assessment of functional skills of each child was done through ecological inventories, functional skills training programs were developed of each child, implemented and evaluated by involving parents. Data showed that parents played multiple roles were observed in the whole study; their teaching style, use of different behaviour modification technique and other were come forth and children performance was increased Sylva et al., (2007) also find a relationship between parents' education and children's social/behavioural development at age 10. More specifically, they look at two indicators of social development – *hyperactivity and self-regulation – and find that hyperactive behaviour is raised for children whose mothers have no qualifications or only vocational qualifications. Self-regulation, on the other hand, exhibits a positive relationship with mothers' qualifications levels, with self-regulation being highest in children whose mothers have a degree or post-graduate qualifications.* These relationships hold for both unadjusted (raw) and adjusted (net) behavioural scores. Parenting practices such as reading to children, using complex language, responsiveness and warmth in

interactions are associated with better developmental outcomes. Bradley, et al., (2002) concluded that mothers with higher levels of education and greater family income interacted more with their children, engaged their children in more outside activities, and provided more stimulation and teaching in the home environment. Therefore, it appears that stimulating home learning environment is critical for early year's development. Feinstein (1999), finds that at 22 months children's cognitive abilities are strongly associated with mothers having a degree. Children of mothers with degrees are more than 12 percentage points higher up the distribution of scores than those without.

Occupation of the parents also plays an important role. Bala, (2011) found that students belonging to labourer or agricultural families obtained lowest scores on academic achievement scale. Mean scores of businessman and serviceman father show that occupation of father influences the academic achievement of the child. But the impact of mother's occupation is more on the academic achievement of the child as compared to father's occupation. Castillo et al., (2011) highlighted that male and female adolescents with parents highly educated and/or having high occupational level had better results on verbal, numeric, reasoning abilities and total score, compared to their peers whose parents had a lower educational or occupational level. Our results also suggest that parental educational level, especially paternal educational level, when adjusted by their occupational level, is still related to a better cognitive performance in nearly all the study cognitive performance variables.

1.3.0 QUALITY OF FAMILY LIFE

It is only in recent years that quality of life has been considered in relation to the family as a whole and this, within the context of the sensitizing nature of quality of life and the concepts and principles involved. All this has given rise to many questions and changes in approach, not just in research, but increasingly in regards to practice. The lives of families, where there is a person with a disability, have frequently been associated with grief, stress, and then demands, which we believe, can often not be met. Some parents, with severely disabled children, see these aspects exacerbated by a move from institutional to community living. Similarly, in some countries the move from rural to urban living also causes family stress. Additionally, where there have been major developments in terms of disabilities and quality of life, rural areas may still remain impoverished in terms of support for family. It can also be argued that as much of the world has become industrialized, and more technically organized, the challenges for families have increased and also changed.

Families of children with disabilities are often confronted with ongoing challenges that can impact various aspects of family life Guralnick, et al. (1997). These challenges have been associated with increased feelings of burden, stress, depressive symptoms, and lower levels of family well-being (Baker et al., 2003). Researchers have expressed an interest in a more global construct to reflect family well-being, namely family quality of life (Bailey et al., 1998). Abraham, (2013) shows that majority of the disabled are having average quality of life. There is below average Psychological and environmental quality of life with disabled adolescents. The findings of the study suggest the ways to improve the quality of life of adolescents by reducing social, environmental barriers to promote integration of adolescents with disabilities in schools, family and community. To enhance the total quality of life of individuals especially the psychological and environmental quality of life by providing a disabled friendly environment at school, family and community situations. Ravindranadan & Raju, (2008) examined the Emotional Intelligence and Quality of Life of Parents of Children with Special needs. The results reveal that the parents of children with special needs are significantly different from the parents of normal children on the study variables irrespective of the category to which the child belongs. It is also interesting to know that the condition of the child affects both the parents equally.

Studies on quality of family life have attempted to explore how various domains of life are impacted when there is a child with a disability (Brown et al., 2006). In addition, these studies have examined the perceptions of the family members about family life in general. Researchers have begun to focus on the impact of family characteristics on quality of life (Scorgie, et al., 1998; Wang et al., 2004). For example, family income has been shown to influence home environment and emotional well-being of all family members (Park et al., 2002). Scorgie, (1998) conducted a meta-analysis with 25 studies focusing on stress and coping in families of children with disabilities. Results showed that those families with higher incomes tended to report greater emotional well-being and parenting satisfaction. Likewise, Wang, (2004) found that maternal satisfaction ratings of family quality of life increased as a function of family income. Turnbull, et al., (2007) reviewed studies of family outcomes of families with a child with disabilities and concluded that lower socio-economic status of families predicted lower family well-being, adaptation, and family functioning. Turnbull and Turnbull, (2005) pointed out that families with higher socio-economic status have more resources available to deal with issues related to their child's disabilities.

The severity of a child's disability and the presence of behaviour problems also have been shown to be associated with lower levels of family well-being (Baker et al., 2003) In a study examining parental satisfaction, Wang, et al. (2004) found that severity of disability was negatively associated with satisfaction ratings of family quality of life for both fathers and mothers. Satisfaction with family quality of life decreased as a function of the severity of the child's disability. Challenging behaviours have been associated with feelings of stress and depression in parents of children with disabilities. Research has shown that higher levels of depression and stress are negatively associated with family quality of life as well (Baker et al., 2003; Zuna, et al., 2009).

Providing family support and delivering services using the family-centred approach are established core concepts of disability policy and practice (Turnbull, et al., 2001). Family supports and services should be targeted on ameliorating negative and strengthening positive impacts of raising a child with disabilities (Summers et al., 2005). The emphasis on quality of life is highly consistent with the commitment to family-centred services. King, et al., (1999) found that a higher level of family-centred support was predictive of greater satisfaction with services, less stress, and better overall well-being. Similarly, in a study of families of children with intellectual disabilities, these families regarded supportive and respectful care as vital in improving their quality of life (Knox, et al., 2000). Ultimately, a positive family quality of life should be a desired outcome of policies and services (Bailey et al., 1998).

Researchers from the international disability community have made significant progress in conceptualizing and measuring the quality of life of individuals with developmental disabilities (Cummins, et al., 1997). A core international team of researchers synthesized the alternative conceptualizations of quality of life outcomes into a consensus document focusing on conceptualization, measurement, and application (Schalock et al., 2002). The consensus document incorporates the following eight domains of quality of life for individuals with disabilities: *Emotional Well-Being, Interpersonal Relations, Material Well-Being, Personal Development, Physical Well-Being, Self-Determination, Social Inclusion, and Rights.*

Although individual quality of life research has produced sufficient momentum to result in an international consensus document, family quality of life is at the very beginning of the conceptualization process. Quality of family life as a policy/program outcome is a natural extension from the work on individual quality of life, especially given the strong emphasis in the disability field on a family-centred service delivery model. Bailey, (1998) have proposed quality of life of families who have a child with disabilities as a "useful indicator of outcomes of policy initiatives".

2.0.0 EMERGENCE AND JUSTIFICATION OF THE PROBLEM

All parents develop expectations about their child's education based on their own experience and informal networks for parents (Russell, 2004). Parents typically expect high quality of teaching, their child's academic progress and happiness, homework, fair discipline and information (Crozier, 1999). Goodnow & Collins, (1990) suggest that parents, ideas will not automatically change as a result of receiving information about her child's "special" educational needs. Researchers also have suggested that the responsibilities of caring for a child with a disability may negatively impact parents' mental health (Dellve, et al., 2006) and FQOL (Wodehouse & McGill, 2009). There have been numerous demographic factors *(e.g., poverty, minority status, single-parent status)* that have been identified as possible risk factors for families as they strive to achieve lives of quality (Brandon & Hogan, 2004).

Malhotra, (2012) refers in her research report that there are known limitations in functioning of children with developmental disabilities which result in requirements for long term care far exceeding the usual needs of children as they develop, or the expectations of their families as a parent. Thus, while care giving is a normal part of being a parent, providing the high level of care required by a child with long term functional limitations can become burdensome and may impact both physical and psychological health of caregivers. Researchers have hardly investigated the Quality of Life (QOL) in family caregivers of children with developmental disorders as compared to normal healthy children. In a study by Geetha, et al., (1993) on certain characteristics of the families of mentally retarded children and normal children, it was found that there is significant difference between two groups on all the variables studied.

Wright, et al., (1985) attempted to evaluate the disabilities on the lives of their parents. The study compared the parents of children without disabilities. It was found that the parents of children with disabilities did not differ from the other parents with respect to self-image, and quality of life or life satisfaction. Davis, & Gavidia-Payne, (2009) Families of young children with disabilities are faced with ongoing challenges that impact various aspects of family life. Denise, et al., (2004) Results from a qualitative inquiry investigating conceptualization of family quality of life is provided. Focus groups and individual interviews were comprised of 187 individuals that included family members (e.g., parents, siblings) of children with a disability, eight individuals with a disability, and family members of children without a disability, service providers, and administrators. Data were collected in urban and rural settings to elicit participants' understanding of domains of quality of family life. Themes of spirituality and religion in the context of quality of family life for families of children with disabilities are explored in this article. Families described the importance of spirituality in

their lives and their participation in religious communities. Discussion and implications include strategies to enhance family spiritual well being, to provide spiritually sensitive supports, and to promote inclusive religious communities for children with mental retardation and developmental disabilities (MR/DD) and their families.

In the present study developing a research questions in related to research topic are as following manner:

Research Question 1: What type of Parent Support System is prevailing in the families having children with and without disabilities?

Research Question 2: Which demographic variables are more closely associated with quality of family life with reference to children with and without disabilities?

Research Question 3: Is parent support system differing with reference to children with and without disabilities?

Research Question 4: Which factors predict precisely the quality of family life with reference to children with and without disabilities?

The researcher has made a systematic attempt to survey the researches on Parent support system, Demographic variables and Quality of Family life in Indian and International context in order to carve out the precise skeleton of the research dimensions for the present study. It is critically analyzed that a few research studies have done on with and without disabilities children's by considering the above mentioned variables. The researcher has summarized the important studies in tabular form, on the following page to support the selection of problem in this field proving its novelty, innovativeness and accessibility of available tools and techniques etc. fulfilling the desired parameters for justifying the research problem in hand.

Table 1.1.0: Exhibiting Domain-wise Analysis of the Selected Studies in International and National Perspective

S.No.	Research variable	Researcher	Major Finding
1.	Parent Support System	• Hassall, R., et al., (2005)	Results indicated that most of the variance in parenting stress was explained by parental locus of control, parenting satisfaction and child behaviour difficulties.
		• Halder, S., (2007)	The study strengthened earlier findings establishing the role of socioeconomic status (parental education, income and occupation) in the level of parental support of the individual with disability.
		• Das, P. & Patnaik, S. (2007)	Significant differences in parents support by gender, with boys experiencing more permissive forms of discipline.
		• Seon, Y.Yu, et al.,(2011)	Both groups of mothers (parents of children with and without disabilities) reported using similar strategies to support their children's friendship development.
2.	Demographic Variables	• Law, M., et al., (2004)	Participation is a complex phenomenon so it is important to understand more clearly how personal, environmental, and family factors influence the child's involvement in everyday activities.
		• Clare, M., et al., (2010)	Disabled children lived indifferent personal situations from their non-disabled counterparts, and were more likely to live with low-income, deprivation, debt and poor housing.
		• Gupta, V.B., et al., (2012)	Parents engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative occupations irrespective of their income. Many parents reported receiving little support from their extended families in taking care of their child.
		• Brągiel, J. & Kaniok, S. (2014)	fathers' self-esteem, fathers' education, the level of disability of a child, the level of fathers' skills in dealing with their child with disabilities and the level of fathers' knowledge about their child with disabilities.
3.	Quality of Family Life	• Heather, F., (2011)	Parental stress and FQOL within a School-based setting was a unique contribution to the literature that focuses primarily on FQOL and families of children with disabilities within clinical, medical and mental health settings.
		• Diwan,S., et al., (2011)	70% of mothers of children with CP suffering from mild to moderate level of depression and have affected QOL
		• Malhotra, S., et al., (2012)	Psycho-social intervention programmes for family caregivers of children with developmental disorders should incorporate building upon specific strategies to enhance their quality of life
		• Abdulhade, et al, (2012)	QOL of parents having a child with disability depending on the type of disability variable, favouring parents having a child with learning disability who had the highest QOL scores (most positive), followed by parents having a child with physical disability, then parents having a child with mental retardation, and finally, parents having a child with Autism who had the lowest degree of QOL (most negative).

3.0.0 STATEMENT OF THE PROBLEM

In context with the above justification, the present problem can be stated as: *Parent Support System and Demographic Variables as Predictors of the Quality of Family Life with reference to Children with and without Disabilities*

4.0.0 DEFINITIONS OF THE TERMS

The above stated research problem consists of the following terms which require further explanations in order to clarify the precise meaning with respect to present study. These terms are mentioned here as following:

4.1.0 PARENT SUPPORT SYSTEM

The Parent Support System (PSS) refers the parental concern with their children in the family. The phrase denotes the overall parent's behaviour that represents love, nurturance, empathy, acceptance, guidance, and information and material resources to their children. Thus the phrase stand for the behaviour manifest by a parent toward a child and then makes the child feel comfortable in the presence of the parent confirms in the child's mind that he is basically accepted and approved as a person by the parent For example parents show support when they praise their children, show affection, and are attentive when children speaks. These behaviours communicate acceptance and approval. On the other hand, they fail to show support when they are highly or critical or punitive, or when they show favourism toward siblings.

Lopez, (2001) "Parent support for the child, including emotional and academic support, and the expression of parent's aspirations and expectations regarding a child's current school performance as well as future college or career success".

In the present study, Parent Support System is the system of providing services designed to strengthen family and includes child care, parent/child programs, parent information & support group.

4.2.0 DEMOGRAPHIC VARIABLES

The term demographics refer to particular characteristics of a population. The word is derived from the Greek words for people *(demos)* and picture *(graphy).* Examples of demographic variables include age, race, gender, ethnicity, religion, income, education, home ownership, sexual orientation, marital status, family size, health and disability status, and psychiatric diagnosis. Demographic information provides data regarding research participants and is necessary for the determination of whether the individuals in a particular study are a representative sample of the target population for generalization purposes. Demographics or

research participant characteristics serve as independent variables in the research design of the present study.

Clara, (2006) defined as "Demographic as a study of human populations with emphasizes on the statistical analysis of the quantities and characteristics of the people who live in a particular area, especially in relation to their age, how much money they have and what they spend it on".

In the present research demographic variables will include: Education, Socio-economic status, Occupation of parents.

4.3.0 QUALITY OF FAMILY LIFE

Quality of Family life has grown out of work developed in a quality of life approach or framework, which over the last 25 years has become established, the trend has become fairly well accepted within the field of intellectual and developmental disabilities. In other words, quality of life is highly respectful of, and sensitive to, the choices made by individuals and the values that they obtain and espouse. This becomes increasingly critical when one focuses on quality of family life and not just the individual with a disability. There probably has not been a time in human development where this approach has been so necessary in terms of service development and support practices.

Zuna et al., (2009) " Quality of family life is a dynamic sense of well-being of the family, collectively and subjectively defined and informed by its members, in which individual and family-level needs interact.”

In the present study, Quality of family life is referring to the extent to which families' needs are met, family members enjoy their life together and family members have the chance to do things that are important to them.

5.0.0 OBJECTIVES OF THE STUDY

The objectives of the present study are as laid down following:

1. To investigate the Parent Support System with reference to children with and without disabilities.
2. To investigate the Demographic Variables (*viz.* education, occupation & socio-economic status) of the parent with reference to children with and without disabilities.
3. To study the Quality of Family Life with reference to children with and without disabilities.
4. To examine the effect of Parent Support System on the Quality of Family Life with reference to children with and without disabilities.

5. To examine the effect of Demographic Variables (*viz.* education, occupation & socio-economic status) on the Quality of Family Life with reference to children with and without disabilities.
6. To examine the interactional effect of Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) on the Quality of Family Life with reference to children with and without disabilities.
7. To examine the inter-correlation among predictive variables *viz.* Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) and criterion variable *viz.* Quality of Family Life with reference to children with and without disabilities.
8. To predict multiple regression equation for predictive variables *viz.* Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) and criterion variable *viz.* Quality of Family Life with reference to children with and without disabilities.

6.0.0 HYPOTHESES OF THE STUDY

In order to achieve the above-mentioned objectives the researcher has formulated the following null hypotheses:

Ho_1: There exists no significant effect of Parent Support System on the Quality of Family Life with reference to children with and without disabilities.

Ho_2: There exists no significant effect of Demographic Variables (*viz.* education, occupation & socio-economic status) on the Quality of Family Life with reference to children with and without disabilities.

Ho_3: There exists no significant interactional effect of Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) on the Quality of Family Life with reference to children with and without disabilities.

Ho_4: There exists no significant inter-correlation among predictive variables *viz.* Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) and criterion variable *viz.* Quality of Family Life with reference to children with and without disabilities.

Ho_5: There exists no significant contribution of predictive variables *viz.* Parent Support System and Demographic Variables (*viz.* education, occupation & socio-economic status) in predictions of criterion variables *viz.* Quality of Family Life with reference to children with and without disabilities.

7.0.0 DELIMITATIONS OF THE STUDY

The present study will be conducted assuming the following delimitations:

1. The present study will be delimited to Agra city only.
2. The parents having children with disabilities (HI, VI and MR) are included in the sample that sent their children to special educations.
3. The parents having children with disabilities are undertaken from normal/ regular schools in the vicinity of special schools.
4. Both mother and father in a family are included in the sample.

8.0.0 VARIABLES OF THE STUDY

The operation variables of the present study are as follows:

1. *Independent or Predictive variable:* Parent Support System & Demographic Variables (*viz.* education, occupation & socio-economic status)
2. *Dependent or Criterion variable:* Quality of Family Life

9.0.0 DESIGN OF THE STUDY

The researcher has made precise efforts to develop the requisite design of the study befitting with the objectives and leading to test the hypotheses. It consists of the Sample, Design of the study, Method of the study, Tools to be employed as well as tailoring statistical jacket to test the null hypotheses.

9.1.0 METHOD OF THE STUDY

The nature of the present study permits to employ the *Descriptive Method* of the study.

9.2.0 SAMPLE OF THE STUDY

The sample selection of the present study consists of three phases consequently in order to screen out the Parents of children with and without disabilities. Basically as the study deals with disabled group of children and their parents, hence purposive sampling method will be adopted here. The sample selection strategy is formulated as under:

PHASE-I: (A) Selection of the parents having children with disability: The parents of children with disability will be selected from the State Govt. Aided and Private Institutions i.e. (1). Sanket Mook Badhir Balak-Balika Rajkiya Vidhyalaya, North Vijay Nagar Colony, Agra (2). Tears (Ashray) Mand Buddhi Sansthan, Shastripuram, Sikandra, Agra. These institutions have enrolled total 132 and 120 students in all categories of handicapped (hearing impaired, visual impaired, and mentally retarded) live with their parents.

(B) The screening of parents having children without disabilities: The parents having children without disability will be selected from the normal institutions i.e. through purposive method of sampling and equating (the children on age, sex and parents demographic considerations.

PHASE-II: The second phase of the sample selection includes the details of the target sample in these two institutions which is exhibited in table.

Table 1.2.0: Exhibiting the details of enrolment and categories of disabled children's

S.N.	NAME OF SCHOOL	AGE	SEX	GRADE	HI	VI	MR	DAY SCHOLAR
1.	Sanket Mook Badhir Balak-Balika Rajkiya Vidhyalaya, Agra	05-16	Both	1st to 10th	118	07	07	132
2.	Tears (Ashray) Mand Buddhi Sansthan, Agra	04-17	Both	1st to 10th	38	12	70	120

PHASE-III: FINAL SAMPLE

Selection of parents having children with and without disabilities, 100 children's with disabilities and 100 children's without disabilities through purposive sampling method will be selected as under:

Table 1.3.0: Exhibiting the details of enrolment and categories of with and without disabled children's

S.N.	NAME OF SCHOOL	AGE	SEX	GRADE	HI	VI	MR	DAY SCHOLAR
1.	Sanket Mook Badhir Balak-Balika Rajkiya Vidhyalaya, Agra	05-16	Both	1st to 10th	36	07	07	50
2.	Tears (Ashray) Mand Buddhi Sansthan, Agra	04-17	Both	1st to 10th	18	12	20	50
Parents having children without disabilities								
1.	Sarswati Vidhya Mandir Inter College, Vijay Nagar Colony, Agra	04-16	Both	1st to 10th	-	-	-	50
2.	Mufid-E-Aam Inter College, Paliwal Park, Agra	04-15	Both	1st to 10th	-	-	-	50

9.3.0 TOOLS TO BE EMPLOYED IN THE STUDY

In order to collect relevant data for the fulfilment of the proposed objectives, the following tools will be employed by the researcher.

9.3.1 For Measuring the Predictive Variables

1. Parent Support System: A self constructed tool will be used for measuring parent support system with reference to children with and without disabilities.

2. Demographic Variables: A Demographic Questionnaire will be prepared to get the clear idea of elements such, education and occupation of parent, socio-economic status, age, sex, caste, religion.

9.3.2 For Measuring the Criterion Variable

Quality of Family Life: Beach Centre Family Quality of Life Scale (2006) has 25 items. The FQOL Scale contains five subscales: *Family Interaction, Parenting, Emotional Well-being, Physical / Material Well-being, and Disability-Related Support.*

9.4.0 STATISTICAL TECHNIQUES TO BE EMPLOYED

The following statistical techniques will be employed for the analysis of data:

1. *Measures of Central Tendency and Measure of Dispersion* the descriptive statistical techniques will be applied to describe the nature of data collected through different tools and techniques *viz.* Parent Support System, Demographic variables and Quality of Family Life.
2. In order to draw inferences *t-test* will be employed to make comparisons on Parent Support System, Demographic variables and Quality of Family Life with reference to children with and without disabilities.
3. *Two-way ANOVA* will be employed for studying the interactional effect of Parent Support System, Demographic variables on the Quality of Family Life.
4. *Multiple Regression Analysis* will be employed for predicting the effect of predictive variables *viz.* Parent Support System, Demographic variables on criterion variable *viz.* Quality of Family Life.

10.0.0 SIGNIFICANCE OF THE PROBLEM

It is well established fact that parents with development disabilities often face unique and ongoing challenges that can influence various aspects of family life (Overeynder, 2003; Leone & Wiltz, 2006). The demands of assuming a parental role later in life are exacerbated by raising a child who is experiencing physical, emotional or behavioural difficulties. The nature of the disability of the child can produce different challenges and stresses in relation to family styles as well (Slzer & Jacobson, 2005). Consequently, children with disabilities typically require more time and attention that children without disabilities. It causes fatigue and makes parents vulnerable to stress depression and physical health problems. The persistence and strength of these negative effects can compromise positive and enjoyment of daily life. How

well a family copes with stress influences family functions, satisfaction, feeling of efficacy, and children's life outcomes? While effective coping fosters quality of family life, ineffective coping with family-related stress impairs parenting skills.

It is also evident that parents having high qualification and occupation are adopting various formal and informal support systems beside giving them good care, love, affection and empathy etc. They manage their good schooling (special schools) and access the community and professional resources beneficial for their children with disabilities. However, the parent support system, whether good or bad, they suffer with social isolation and inadequate social support. Inspite of their fact good parent support system lessen stress, promote well-being and enhance the use of coping mechanism-all of which increase a quality of family's life. The parents of children with disabilities will require a greater support from family, friends, community and professionals to help in providing proper care to their children. It ultimately influence the quality of family life, hence there is a need to examine the quality of parent support system in term of their demographic conditions influencing their quality of family's life with reference to children with disabilities.

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